

The State of New Hampshire

JUDICIAL BRANCH - SUPERIOR COURT

Child Support Guidelines Worksheet

Court: _____

Docket No. _____

In the matter of: _____

Child's Name	DOB	Child's Name	DOB

1. Total Number Of Children		2. Child Support Guidelines Percent (1 child-25%; 2 children-33%; 3 children-40%; 4 or more children-45%)	%
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PAYMENT CALCULATIONS <i>Note: All income and expenses must be converted to monthly amounts (multiply weekly amounts by 4.33; bi-weekly amounts by 2.17).</i>	OBLIGOR (Column 1)	OBLIGEE (Column 2)	COMBINED (Column 3)
3. Monthly gross income			
4A. Court/Admin. ordered support for other children			
4B. 50% of actual self-employment taxes paid			
4C. Mandatory retirement			
4D. Actual state income taxes paid			
4E. Allowable child care expenses (obligor)			
4F. Medical insurance for children (obligor)			
4G. Total deductions (Add lines 4A through 4F)			
5. Adjusted monthly gross income (Subtract line 4G from line 3)			
6. Child Support guideline amount (From Guideline Calculation Table - see instructions on back)			
7A. Allowable child care expenses (obligee)			
7B. Medical insurance for children (obligee)			
7C. Total allowable obligee expenses (Add line 7A and 7B)			
8. Total adjusted monthly gross income			
9. Proportional share of income (With child care/health insurance adjustment)			
10. Parental support obligation (Line 9 times line 6)			
ABILITY TO PAY CALCULATION			
11. Self-support reserve			
12. Income available for support (Subtract line 11 from line 8, column 1)			
13. Monthly support payable (Enter the smaller of line 10, column 1 or line 12, column 1. If line 12, column 1 is less than \$50.00, then a minimum order of \$50.00 is entered.)			
14. Child support order (If weekly, divide line 13 by 4.33; if bi-weekly, divide line 13 by 2.17; if monthly, enter same amount as in line 13.)	\$	Frequency (circle one): Weekly Bi-Weekly Monthly	

** ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR **

Prepared by: _____

Title: _____

Date: _____

CHILD SUPPORT GUIDELINES WORKSHEET INSTRUCTIONS

- TOP OF FORM** Enter the Court, Docket Number, the names of the petitioner and respondent, and the names and dated of birth of the children.
- LINE 1** Enter the total number of children.
- LINE 2** Enter the Child Support Guideline percentage for the number of children indicated on LINE 1.
(25% - one child; 33% - two children; 40% - three children; 45% - four or more children.)
- LINE 3** In Columns 1 and 2, enter the total monthly gross income for each parent. **The obligor is the person who will pay child support. The obligee is the person who will receive child support.** Monthly gross income includes all income from any source, whether earned or unearned, including but not limited to, wages, salary, commissions, tips, annuities, Social Security benefits, trust income, lottery or gambling winnings, interest, dividends, investment income, net rental income, self-employment income, alimony, business profits, pension, bonuses and payments from other government programs (excluding public assistance programs such as Temporary Assistance for Needy Families (TANF), Aid to the Permanently and Totally Disabled (APTD), Supplemental Security Income (SSI), Old Age Assistance (OAA), Aid to the Needy Blind (ANB), Food Stamps and general assistance from a county or town); including, but not limited to, worker's compensation, veteran's benefits, unemployment benefits, and disability benefits, provided, however, that no income earned at an hourly rate for hours worked on an occasional or seasonal basis, in excess of 40 hours in any week shall be considered as income for the purpose of determining gross income, and provided further that such hourly rate income is earned for actual overtime labor performed by an employee who earns wages at an hourly rate in a trade or industry which traditionally or commonly pays overtime wages, thus excluding professionals, business owners, business partners, self-employed individuals and others who may exercise sufficient control over their income so as to re-characterize payment to themselves to include overtime wages in addition to salary. *(NOTE: To compute Monthly Gross Income from weekly income, multiply the weekly amount by 4.33; from bi-weekly income, multiply the bi-weekly income by 2.17.)*
- LINE 4** On LINE 4A, enter any court-ordered or administratively-ordered support for children or adults *not* subject to this order actually paid by the Obligor (in Column 1) and/or the Oblige (in Column 2).
On LINE 4B, enter 50% of the actual amount of self-employment tax paid by the Obligor (in Column 1) and/or the Oblige (in Column 2).
On LINE 4C, enter any mandatory, not discretionary, retirement contributions paid by the Obligor (in Column 1) and by the Oblige (in Column 2). *NOTE: Only payments that are required by the employer can be deducted.*
On LINE 4D, enter any actual state income taxes paid by the Obligor (in Column 1) and the Oblige (in Column 2).
On LINE 4E, enter any allowable work-related child-care expenses paid by the Obligor in Column 1. Allowable child-care expenses means actual work-related child-care expenses for the children to whom the order applies. The maximum allowable monthly child-care expense is \$416.66 for one child, \$750.00 for two children, and \$1,000.00 for three or more children.
On LINE 4F, enter the actual amount paid by the Obligor for medical insurance coverage for the children to whom the order applies in Column 1.
On LINE 4G, enter the total allowable deductions for the Obligor (in Column 1) and for the Oblige (in Column 2.) Note: The Obligor's total allowable deductions equal the sum of LINES 4A, Column 1-4F, Column 1. The Oblige's total allowable deductions equal the sum of LINES 4A, Column 2-4F, Column 2.
- LINE 5** Subtract LINE 4G, Column 1, from LINE 3, Column 1, and enter the result in Column 1. Subtract LINE 4G, Column 2, from LINE 3, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.
- LINE 6** From the Child Support Guideline Calculation Table, find the row containing the Obligor's and Oblige's Combined Adjusted Monthly Gross Income. Where this row intersects the Column for the number of children in the order is the appropriate child support guideline amount. Enter this amount in Column 3.
- LINE 7** On LINE 7A, enter any allowable work-related child care expenses paid by the Oblige in Column 2. Allowable child-care expenses means actual work-related child-care expenses for the children to whom the order applies. The maximum allowable monthly child-care expense is \$416.66 for one child, \$750.00 for two children and \$1,000.00 for three or more children.
On LINE 7B, enter the actual amount paid by the Oblige for medical insurance coverage for the children to whom the order applies in Column 2.
On LINE 7C, add LINE 7A, Column 2 and LINE 7B, Column 2. Enter the result in Column 2.
- LINE 8** Enter the amount in LINE 5, Column 1, in Column 1. Subtract LINE 7C, Column 2, from LINE 5, Column 2, and enter the result in Column 2. Add Column 1 and Column 2, and enter the result in Column 3.
- LINE 9** Divide LINE 8, Column 1, by LINE 8, Column 3 and enter the result in Column 1. Divide LINE 8, Column 2, by LINE 8, Column 3 and enter the result in Column 2.
- LINE 10** Multiply LINE 9, Column 1, times LINE 6, Column 3 and enter the result in Column 1. Multiply LINE 9, Column 2, times LINE 6, Column 3, and enter the result in Column 2.
- LINE 11** Enter the self-support reserve amount (poverty level for a household on one) as published at the top of each page of the Child Support Guideline Calculation Table.
- LINE 12** Subtract LINE 11, Column 1 from LINE 8, Column 1 and enter the result in Column 1.
- LINE 13** Enter the smaller of LINE 10, Column 1, or LINE 12, Column 1. **If LINE 12, Column 1, is less than \$50.00, enter \$50.00 in Column 1.**
- LINE 14** Enter the appropriate order amount in Column 1. For weekly orders, divide LINE 13, Column 1, by 4.33 and enter the result in Column 1. For bi-weekly orders, divide LINE 13, Column 1 by 2.17 and enter the result in Column 1. For monthly orders, enter the amount in LINE 13, Column 1, in Column 1. **ROUND THE RESULT TO THE NEAREST WHOLE DOLLAR**, and circle the appropriate frequency. **The amount entered in Column 1 must not be lower than \$50.00 per month.**